

EXHIBIT 10-B1

*HOME Investment Partnerships Program Certifies that*

**NAME OF GRANTEE**

**Grant Year and Project Name**

*has successfully completed the Annual Certification of Income  
and Affordability Monitoring for FFY 2006*

*I certify that the information included in this report represents a  
true and complete statement of the facts.*

\_\_\_\_\_  
*Certifying Official*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Chief Elected Official/Executive Director*

\_\_\_\_\_  
*Date*

***FOR HOME USE ONLY***

*HOME Program Officer* \_\_\_\_\_

*Date* \_\_\_\_\_

*HOME Program* \_\_\_\_\_

*Date* \_\_\_\_\_